



PTO/SB/21 (09-04)

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TRANSMITTAL FORM	
(to be used for all correspondence after initial filing)	
Application Number	09/422,202
Filing Date	October 19, 1999
First Named Inventor	Bennett et al.
Art Unit	2766
Examiner Name	Hosuk Song
Attorney Docket Number	P99-00-E
Total Number of Pages in This Submission	14

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Petition For Revival Of An Application For Patent Abandoned Unintentionally Under 37 CFR §1.137(b)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Response To Non-Final Office Action	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> After Final	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Ronald Spuhler</i>
Printed Name	Ronald H. Spuhler, Reg. No. 52,245
Date	February 3, 2005

CERTIFICATE OF EXPRESS MAILING

"Express Mail" mailing label number : EV 303832403 US

Date of Deposit February 3, 2005.

Name (Print/type)	Ronald H. Spuhler	Registration No. (Attorney/Agent)	52,245
Signature	<i>Ronald Spuhler</i>	Date	02/03/2005

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Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005**

Complete if Known

Application Number	09/422,202
Filing Date	October 19, 1999
First Named Inventor	Bennett et al.
Examiner Name	Hosuk Song
Art Unit	2766
Attorney Docket No.	P99-00-E

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1500.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) ☐ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee(\$)	Small Entity Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ -20 or HP	_____ x _____	= _____	_____	Fee Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
_____ -3 or HP	_____ x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
_____ -100	_____ /50	_____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition For Revival Of An Application For Patent Abandoned Unintentionally Under 37 CFR §1.137(b) 1500.00

SUBMITTED BY

Signature	Ronald Spuhler	Registration No. (Attorney/Agent)	52,245	Telephone	(312)775-8000
Name (print/type)	Ronald H. Spuhler	Date	February 3, 2005		

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